



Advance Access & Delivery

Annual Report 2016

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AA&D's vision

AA&D works in solidarity with partners around the world to overcome barriers to high quality health care and medicines, particularly for economically and socially marginalized groups. This means supporting coalitions around the world doing this work, but also working to break down double standards that persist in global health care policy.

Executive summary

Advance Access & Delivery 501(c)(3) (AA&D) was incorporated in 2015 as a platform to bring together coalitions of health care delivery practitioners, civil society champions, and local governments that share a commitment to urgently address preventable disease and early death. This vision included working to ensure access to lifesaving medications that reverse opioid overdose. With an initial focus on tuberculosis (TB), AA&D took crucial steps in 2016 by supporting such coalitions in their care delivery

missions, generating excitement about an ambitious elimination agenda, and linking different local partners from around the world together through their shared work to provide care.

The scientific foundation for AA&D's approach was laid initially by the Zero TB Declaration signed in 2012, and a special Lancet series led by AA&D co-founder Salmaan Keshavjee, entitled "How to Eliminate Tuberculosis" which outlined clinical, epidemiological and programmatic challenges ahead.

January 2016

Work commences on opioid overdose reversal drug supply, active TB case finding and coalition building for Zero TB Cities

July 2016

Formally launched ZTBI, bringing Zero TB Cities into broad alliance with AA&D, IRD, Stop TB Partnership, and Harvard Medical

April 2016

AA&D makes policy and scientific case to South African policy-makers. Subsequently in South Africa, Deputy President publicly urges all major metro areas to adopt such an approach. AA&D intensifies collaboration with eThekweni/Durban

AA&D integrates these pieces into a global strategy—one that combines the strengths and accountability of the public sector with the flexibility of non-profit civil society to push the envelope in terms of providing high quality, comprehensive care through local care delivery coalitions.

In 2016, AA&D established new ties with research universities, health care delivery and patient support organizations, United Nations departments, and local and national governments to further this mission. AA&D directly funded the household screening and linkage to care

for thousands of economically vulnerable patients around the world for infectious diseases like TB. AA&D did what it could to point out and fight against double standards in disease programs and poverty on the international policy stage, while helping partner sites secure significant outside sources of funding for their work. Most importantly, AA&D has linked exceptional people and programs from around the world together so they may share their experiences, enthusiasm and optimism with one another.

September 2017

AA&D begins to work with partners toward comprehensive health delivery platform design, incorporating other disease areas including non-communicable diseases like diabetes, heart disease, and some cancers

August 2016

“Getting to Zero” booklet outlining search-treat-prevent framework distributed by AA&D, PIH, IRD, and HMS Department of Global Health & Social Medicine

November 2016

Following lead of Mayor of Carabayllo in Lima, AA&D begins engagement with greater Lima municipal government, health services and public insurance agencies

A foundation for our approach

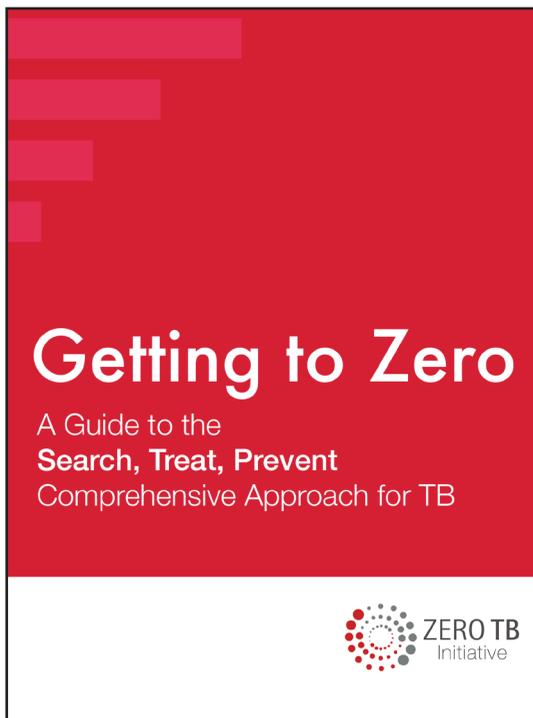
The scientific foundation for this approach was laid initially by the **Zero TB Declaration** signed in 2012 by over 500 policy makers, practitioners, and academics, which called for higher standards and new strategies to address TB, including a comprehensive focus on community-based, locally directed efforts against the disease. In 2015, a **special Lancet series entitled “How to**

Eliminate Tuberculosis” featured AA&D board members and founders as lead authors and coordinators of the issue, which outlined clinical, epidemiological and programmatic challenges ahead.

Building on this intellectual foundation, in 2016 AA&D worked with partners at Harvard Medical School to develop **“Getting to Zero”**, an accessible but rigorous guide to the Search-Treat-Prevent comprehensive approach to TB control. This document was assembled by AA&D, the Harvard Medical School Center for Global Health Delivery – Dubai, Interactive Research and Development (IRD) and Partners in Health (PIH). This guide outlined each of the major modules of an evidence-based strategy to move rapidly

toward TB elimination with supporting studies and sources for each suggested component.

Also in 2016, AA&D co-founders worked with colleagues at Duke and Harvard Universities to publish research in a leading human rights journal outlining how international organizations violated human rights law, by recommending sub-standard TB care for poor countries.



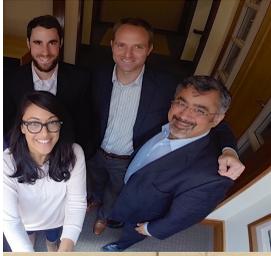


July meeting of Zero TB Initiative and partners -- Dubai, UAE

A global network for comprehensive care

In July, 2016 AA&D co-hosted over 60 representatives from governments, civil society, and advocacy groups to discuss strategies for building more comprehensive systems of TB care delivery and support. AA&D worked closely with Interactive Research & Development, the Stop TB Partnership, and the conference host, Harvard Medical School's Center for Global Health Delivery-Dubai to facilitate an agenda that would spur coalition members from across 19 countries and 25 institutions to consider bold strategies for eliminating TB in the cities, districts, islands, or select areas where they work.

Over the course of two days, workshop participants joined alongside one another to identify strengths and challenges in existing programs and discuss opportunities to bring care closer to where patients live and work. From these conversations and deliberate engagement, bold strategies that are designed and led by local teams emerged that are rooted in evidence, innovation, and courage.



AA&D's 2016 efforts
At A Glance



Photo credit: IRD South Africa (eThekweni)

Our Work

Zero TB Initiative and Zero TB Cities Project

In July 2016, AA&D, the Stop TB Partnership, the Department of Global Health and Social Medicine at Harvard Medical School, and IRD came together at a practitioner workshop to launch the Zero TB Initiative to support cities, districts, and islands that are committed to achieving a rapid reduction in the number of people suffering from TB.

The Zero TB Initiative declared its unique



ZERO TB
Initiative

response to the End TB Strategy and Global Plan to End TB 2016-2020 was actually quite simple: work urgently to apply the same standards for quality of care and epidemic control strategy that

are expected in wealthier health systems, and work to achieve success stories against TB in targetted locations. This was to be acheived by:

- supporting and empowering coalitions of local governments, businesses, and civil society working toward this goal
- using a comprehensive approach as explained in the “Getting to Zero” booklet
- Focusing on TB prevention and care in households, the places where people seek care and where they work.

The launch of the Zero TB Initiative marked a departure from the historically business-as-usual and cost-driven strategies of TB control and indicated a

shift toward evidence-based strategy that seeks to ensure that people receive the care that they need regardless of where they live.

The partner cities of Chennai (India), Karachi (Pakistan), Kisumu (Kenya) and Lima (Peru) were the first to start activities in the spirit of ZTBI. Other coalitions were under development in 2016 including in Ho Chi Minh City (Viet Nam), Durban (South Africa), and Vladimir (Russia) among others. It was noted that cities like these already possess incredible resources and ingenuity on their own, but collectively they could change the conversation on TB through this effort, and move the world rapidly toward elimination.

“For a long time, we have ignored tried and tested epidemic control strategies because of a preoccupation with cost. We must ensure that people receive the care that they need regardless of where they live.”

Dr. Salmaan Keshavjee
AA&D Vice President and Director of HMS Center
for Global Health Delivery - Dubai

Chennai, India

A city-wide push by the TB Free Chennai Initiative



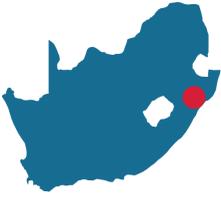
In Chennai, Tamil Nadu, a city of 8 million, a multi-institutional coalition of government agencies, federal research institutions, and patient care and support organizations came together in 2016 to announce the TB Free Chennai Initiative. AA&D supports key coalition members to actively find TB patients where they live by working at the household level in the private sector. By the end of the year, AA&D was also supporting other private groups in the coalition directly or by linking to global practitioner networks, facilitating student and faculty engagement visits from Duke University and researchers and practitioners from Harvard Medical School.

TB Free Chennai Initiative is led by the government of Tamil Nadu and Chennai Municipal corporation, who led the initial design and partnership structure work in 2016, laying the groundwork for a successful and innovative future.



Durban, South Africa

Exploring a Zero TB Cities approach



Representatives from TB programs in South Africa began to work with the Zero TB Cities Project and Zero TB Initiative in July 2016, following a presentation to policy-makers in Cape Town in April that resulted in call from the Deputy President of the country for all metro areas to move toward a Zero TB City approach.

Department of Health officials from the eThekweni/Durban district and KwaZulu-Natal provincial offices came for a practical workshop at the Harvard Medical School Center for Global Health Delivery - Dubai in July of 2016. AA&D, IRD (which is active in Durban already), and HMS representatives worked closely together on next steps for building a comprehensive community health platform in the province, led by the Department of Health and supported by civil society, academia, and research institutions.

Lima, Peru

A “TB Cero” movement based on strength of municipalities



Carabayllo, a municipality in northern Lima, continued its work that started in mid-2015 to keep all drug-resistant TB patients on treatment, and to keep deaths among TB patients at zero. Previously representatives from key municipalities, the Ministry of Health (MINSA) of Peru, Harvard Medical School and non-profit Socios En Salud (SES) gathered in Lima to hear municipal authorities and SES announce their creation of an initiative called TB CERO “Zero TB” Carabayllo. This program was launched by the local government and by Socios En Salud, affiliated with Boston-based organization Partners In Health. A wider outreach program throughout Lima and neighboring Callao was underway at the end of 2016 with the MINSA, other non-profit organizations, research universities, national public insurance providers, and local governments, setting the stage for deeper engagement in 2017.



Karachi, Pakistan

Leading the way in scale and scope

One mega-city leading the way in the global effort against TB in terms of comprehensiveness of response, global engagement, and innovation is Karachi, Pakistan.

Founding ZTBI partners at Interactive Research and Development (IRD) have helped to launch and support a broad-based coalition against all forms of TB in the city of 20 million, focusing on social entrepreneurship, preventive care, active case finding, and linkage to a world-class free reference hospital in Karachi run by Indus Hospital.

This project is focused on delivering all aspects of the comprehensive search-treat-prevent model in a defined but ultimately expanding section of the city (starting with Korangi and Landhi). In this area, IRD and partners are prioritizing the quality of care and comprehensiveness of the epidemic control strategy. At the end of 2016 AA&D was working to assist with drug supply issues and infection control training.



Indus Hospital waiting area. Photo credit to architect Tariq Alexander Qaiser

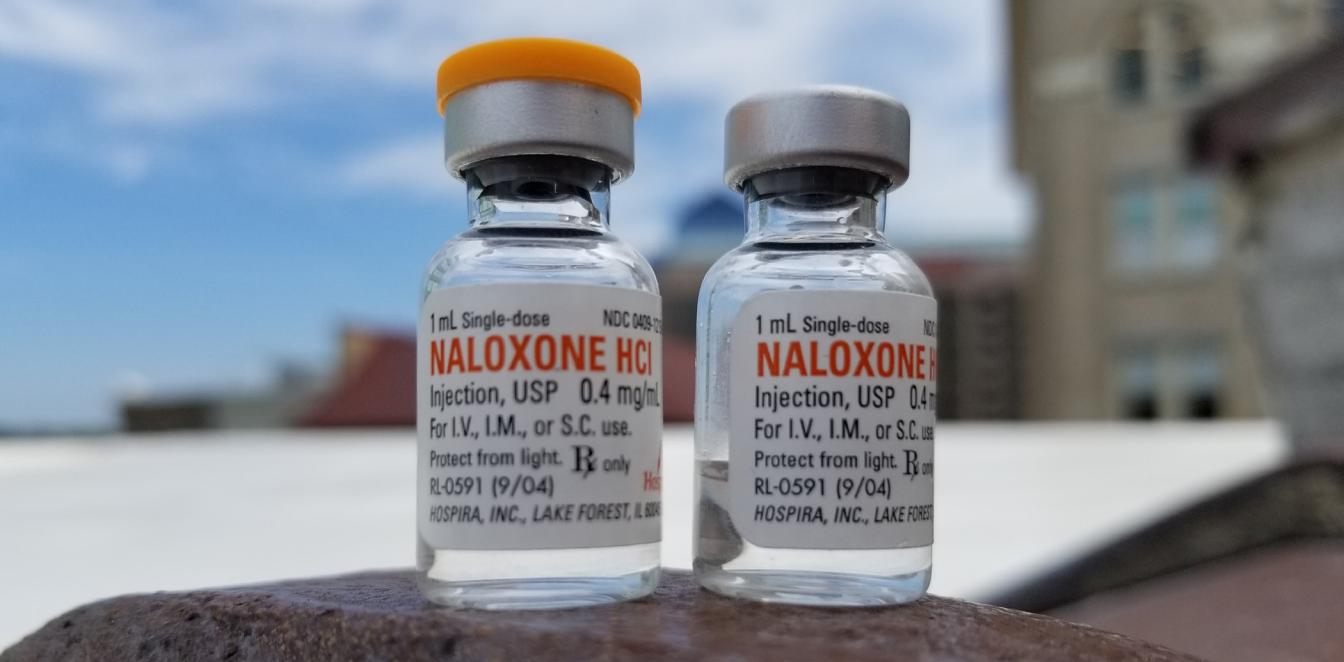
Sparking new action through solidarity

“I will make it my goal to convince my colleagues—the other mayors—to commit their districts to the Zero TB initiative approach. We the mayors cannot remain with our arms crossed while there is TB in our districts.”

-Rafael Alvarez Espinosa, the Mayor of Carabayllo, the northernmost district of Lima, Peru

“I am so glad that I came to this [ZTBI] workshop. If I hadn't have been here, I would be back in my office doing the same work we have been doing for years. But now I have the tools, the network, and the energy to really make a difference in bringing down the TB burden in our city... We would like to be counted amongst those who came, heard, understood the urgency to save lives and did their part towards the Zero TB initiative.”

Dr. Thando Ford-Ngomane, Deputy Head of Health, eThekweni Municipality



Harm Reduction

Working toward an accountable mechanism for life-saving drugs

Opioid overdose is now the leading cause of accidental death in the US. In 2016, AA&D worked closely with harm reduction programs, former industry executives from US-based generics firms, and public policy analysts to create a business plan outlining a public health and public-interest oriented manufacturing entity to link production and distribution networks directly to community-based programs and relevant public agencies for critical drugs.

Over the course of the year, AA&D worked with members from The Drew Quality Group, Harvard Medical School,

and the Chicago Recovery Alliance to design the operational framework for an **accountable, non-profit, high-quality drug manufacturing entity that is directly linked and integrated with regional and local harm reduction efforts**, ensuring reliable training and delivery of naloxone to friends, families, and users in select communities around the U.S. By working with notable harm reduction programs at the same time as technical experts with decades of manufacturing experience in the private pharmaceutical sector, AA&D brought a wide range of stakeholders to the table that do not usually interact to

tackle ambitious public health goals. The manufacturing plan was in place and at the end of the year partners were engaging with government agencies and funders to move it forward to reality.

Also in 2016, AA&D launched a project to identify naloxone distribution channels, both formal and informal, and the stakeholders critical to its delivery, beginning with community pharmacists. This laid the foundation for the creation of a more comprehensive harm reduction center at AA&D committed to building awareness among university students around issues related to syringe exchange, naloxone access, and alcohol and drug amnesty policies and practices. This center's founding aims were to prioritize meaningful linkages between

community pharmacists, public health practitioners, and the communities in which they live and work.

This effort is also global. At the end of 2016, AA&D was moving to involve harm reduction and infectious disease experts from partner coalitions to explore the intersection of these challenges in different settings. The primary purpose of harm reduction is to save lives and minimize pain, suffering, and preventable death, but these goals are often hampered by expensive drugs and weak modes of forecasting and distribution. Drugs that can reverse overdose are not available at the right place and the right time.

By working toward an accountable, non-profit drug manufacturing supply chain that provides affordable, high quality drugs where and when people need them, this could not only help facilitate harm reduction but re-engineer the generic pharmaceutical sector where it deals with off-patent drugs that are of limited economic value but provide enormous public benefit.

Statement of Financial Position 2016

ASSETS (USD)	End of Year 2016	End of Year 2015
Cash (with fiscal agent)	303,986	406,478
Cash	37,933	0
Equipment	1,774	0
TOTAL ASSETS	\$343,693	\$406,478

LIABILITIES	End of Year 2016	End of Year 2015
Accounts payable	(4,983)	0
TOTAL LIABILITIES	(4,983)	0
Total net assets beginning of yr	406,478	0
Change in net assets	(67,768)	406,478
TOTAL NET ASSETS	\$338,710	\$406,478

Notes to Financial Statements

As the organization was awaiting its 501(c)(3), AA&D received much of its grant-based funding through Partners In Health (PIH) 501(c)(3) as its contracted fiscal agent. 501(c)(3) status was granted in October 2016, retroactive to June 2015. From this point on, AA&D accepted grants direct to the organization as a priority, while maintaining this partnership with PIH for special cases (for example, grants that required more years of accounting history). PIH also retained the capacity to fundraise for AA&D Zero TB Cities as “Affiliated Projects” on its website.

Also note that from 2015 through much of 2016 while awaiting 501(c)(3) status, key principal executives and staff were supported either through direct technical assistance contracts with multilateral organizations as individuals (in-kind), or through their academic institutions. Vacation time did not accrue as 2016 contracts were independent contractor basis while 501(c)(3) status was pending..

Program to administrative rate in 2016 was 10:1 Note that previous program to administrative rate in 2015 (seen in statement of financial position) is 1:1 due to December 2015 up-front transfer for activities undertaken wholly in 2016. On that amount, administrative overhead for grant was taken in 2015 by fiscal agent.

Statement of Activities 2016

		2016	2015
REVENUE		\$540,908	\$482,479
	Harm Reduction Drug Supply	24,900	
	Infection Control & Drug Supply	26,000	
	Harvard Med School ZTBC	33,100	
	Comprehensive Care Platform	248,868	
	TB Drug Mapping	107,141	
	Other (admin refunds)	849	
	Other (individual donation)	50	
	In-kind support	100,000	
EXPENSES		\$505,381	\$76,001
	Program Expenses	459,298	37,403
	Zero TB Cities Project	221,677	
	Stakeholder Mapping	51,750	
	Harm Reduction Drug Supply	20,450	
	Core Travel	26,926	
	Staff, student interns, consultants	138,496	
	Supporting services expenses	46,083	38,598
	Fiscal Agent (liability & finance admin)	30,477	
	Office	8,484	
	Communications	6,541	
	Printing	230	
	Legal	336	
	Accounting	15	



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